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14230 ď

UTILITY PATENT APPLICATION **TRANSMITTAL** 

Attorney Docket No. F		No.	P-089-US2				
First In	ventor	Mar	tin S. LINSELL				
GLYCOPEPTIDE CARBOXY-SACCHARIDE DERIVATIVES							
Everene Mail Labol No.		ol No	EV 212952057 HS				

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS					Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application  B.O. Box 1450				
See MPEP chapter 600 concerning utility patent application contents.				ADDA	1E33 TO.	P.O. Box 14 Alexandria			
See MPEP chapter 600 concerning utility patent application contents.  1.  Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2.  Applicant claims small entity status. See 37 CFR 1.27.  3.  Specification [Total Pages 80] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings ( if filed) - Detailed Description - Claim(s)					Alexandria VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 C.F.R. 3.73(b) Statement Power of (when there is an assignee) Attorney				
_	Abstract of the Di		al Sheets]	11. <b>1</b> 2. <b>1</b>	English Trans		ment (if applicable)  Copies of IDS		
5. Oath or I	Declaration	[Total	I Sheets 8 ]	10.57	Statement (II		19 Citations		
a. 🔲	•	ed (original or copy)		13. 🛚	Preliminary A		(MPEP 503)		
b. ⊠		m a prior applicatio htion/divisional with i	n (37 CFR 1.63 (d))		Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
i. 🗀	DELETION	OF INVENTOR(S	3)	15.	i. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
		nt attached deleting in ior application, see 37 1.33(b).		16. 🗌	(b)(2)(B)(i). Applicant must attach form PTO/SB/35				
6. Application Data Sheet. See 37 CFR 1.76					or its equivalent.  17. Other: Application Cover Sheet				
				y the requisi	te information b	elow and in a	preliminary amendment,		
or in an App ⊠ Conti		eet under 37 CFR 1. ☐ Divisional	76: ☐ Continuation-in-par	(CIP)	of prior	application No	· 09 / 847 052		
	olication information		effrey E. Russel	. (0)	or prior	Art Unit: 165	<del>_</del>		
under Box 5	For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
			19. CORRESPO	IDENCE A	DDRESS				
☑ Custon	ner Number or Ba	r Code Label			•	or 🗆 Co	rrespondence address below		
Name	Name Jeffrey A. Hagenah 2 7 0 3			3 8					
A alaba	Theravance,	Inc.							
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City South San Francisco State			CA	Zi	p Code	94080			
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Name (Pr	int/Type)	Jeffrey A. Hagena	ah	Registratio	n No. (Attorne)	r/Agent)	35,175		
Signature Self		Sellon	A. Mag	<b>~</b>	2	Date	June <u>23</u> , 2003		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

This collection of information is required by 37 CFR 1.3(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 192 and 87 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **FEE TRANSMITTAL** for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

785

Complete if Known					
Application Number	Not yet assigned				
Filing Date	June 23, 2003				
First Named Inventor	Martin S. LINSELL				
Examiner Name	Not yet assigned				
Art Unit	Not yet assigned				
Attorney Docket No.	P-089-US2				

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None				3. ADDITIONAL FEES						
Order    Deposit Account:					Large		Small I			
Deposit					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account	50-0344				1051 1052	130	2051	65	Surcharge - late filing fee or oath	
Number						50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit					1053	130	1053	130	Non-English specification	
Account	Theravano	ce, Inc.			1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Director is a	uthorized to	o: (check all that an	nnlv)		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
The Director is authorized to: (check all that apply)  ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application						1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		low, except for the	filing fee		1251	110	2251	55	Extension for reply within first month	
to the above-ident	_	t account.			1252	410	2252	205	Extension for reply within second month	
	_				1253	930	2253	465	Extension for reply within third month	
. —	Small Entity	-			1254	1,450	2254	725	Extension for reply within fourth month	
	ee Fee Code (\$)	Fee Description	<u>1</u> Fee Paid		1255	1,970	2255	985	Extension for reply within fifth month	
(*)	2001 375	Utility filing fee	375	7	1401	320	2401	160	Notice of Appeal	
	2002 165		<u> </u>	$\dashv$	1402	320	2402	160	Filing a brief in support of an appeal	
	2003 260	• •		$\dashv$	1403	280	2403	140	Request for oral hearing	
1004 750	2004 375	Reissue filing fee			1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2	2005 80	Provisional filling	fee		1452	110	2452	55	Petition to revive – unavoidable	
	SUBT	OTAL (1)	(\$) 375	7	1453	1,300	2453	650	Petition to revive - unintentional	
			(4) 4/3		1501	1,300	2501	650	Utility issue fee (or reissue)	
2. EXTRA CLAIN	fEES				1502	470	2502	235	Design issue fee	
			Fee from Fee Paid		1503	630	2503	315	Plant issue fee	
Total Claims 50	-20 **	= 30 X	9 = 270		1460	130	1460	130	Petitions to the Commissioner	
Independent	=======================================			Ħ	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims 1	-3 **	= 0 X	42 = 0		1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple 1 Dependent Large Entity	ı Small E	X L	140 = 140		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Code	Fee Fee Descri	ption		1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	,
1202 18	2202	9 Claims in ex	xcess of 20		1810	750	2810	375	For each additional invention to be	
1201 84	2201		it claims in excess of 3		1				examined (37 CFR § 1.129(b))	
1203 280	2203	140 Multiple der	endent claim, if not pa	iid	1801	750	2801	375	Request for Continued Examination (RCE)	
1204 84	2204	42 ** Reissue i	independent claims over	er	1802	900	1802	900	Request for expedited examination	
1205 18	2205	• .	claims in excess of 20	and					of a design application	
	•	oro, origina		_	Other fo	ee (speci	ify)			
SUBTOTAL (2) (\$) 410				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0						
**or number pre	**or number previously paid, if greater; For Reissues, see above				Į.	-			(4)0	

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Jeffrey A. Hagenah	Registration No. Attorney/Agent)	35,175	Telephone	(650) 808-6000			
Signature	Sellm	A. Haz	9	Date	June 23, 2003			

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